

whole blood is used for FeLV-FIV tests



VetScan®

FeLV-FIV Rapid Test

for the Qualitative Detection of FeLV Antigen
and FIV Antibodies in Feline Whole Blood,
Serum or Plasma

Kit Contents

- 25 Test Devices
- 1 FeLV Chase Buffer Bottle
- 1 FIV Chase Buffer Bottle
- 1 Package Insert
- 25 Transfer Pipettes



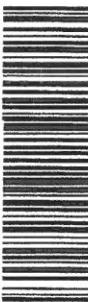
15°C



27°C

Distributed By:
Abaxis, Inc.
3240 Whipple Rd.
Union City, CA 94587
U.S. Vet License No. 573

[EC REP]



[REF] 250-0000-25

FOR VETERINARY USE ONLY

[IVD]

ABAXIS

ABAXIS Europe GmbH
Borsenstr. 9-11
64247 Darmstadt
Germany
+49 6155 780 210

250-0001 Rev. B

Animal Hospital on the Ridge & The VetMobile

1509 Wagstaff Road
Paradise, CA 95969
(530) 877-3000

2019 PASH (# 14504)

(None),

Feb 08, 2019

Invoice Number

44139

River (# A)

Species: Feline
Sex: Male Neutered
Age: 8 years and 2 months old
Breed: DSH
Coat Color: Chocolate Point
Weight: 0 lbs.

Date	Description	Qty	Price
02/01/2019	Exam - Courtesy	1.00	\$ 0.00
	Total for River:		\$ 0.00
Dr. Dalia Mathan	Total Invoice:		\$ 0.00
	Previous Balance:		\$ 0.00
	Total Amount Due:		\$ 0.00
	New Balance Due:		\$ 0.00

H
W

OWNER	(LAST)	(FIRST)	PHONE	CLIENT #	PATIENT CODE
River	#14504 A	MN	DSH	Choc Pt w/ white	~8 ~2011
PET NAME	SEX	BREED	COLOR	DOB	

DATE	TREATMENT	CHG	PAID	BAL
1/31/19	Exam - V blood for ~24hrs			

10.2 S. BAR
 O H + L other
 Color + hyperplastic dry
 EYES Clear
 light tachy
 COAT somewhat dry + matted
 Ears dry
 Clean spael normal
 Mild ↑ RBC # + FCS
 Back & side unremarkable

A Vomiting blood cause unknown

P 150 ml LPS SC
 4.5 mg Cevuna SC
 keep ON to watch

1/1/19 No ① gr ② but also
 no appetite at first
 will eat some and
 no ③ no vomit or diarrhea
 back to sleeker in fly

PHYSICAL EXAM CHECKLIST		
1) GENERAL APPEARANCE	2) INTEGUMENTARY	3) MUSCULOSKELETAL
<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input checked="" type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY	5) DIGESTIVE	6) GENITOURINARY
<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input checked="" type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
7) EARS	8) NEURAL SYSTEMS	9) LYMPH NODES
<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES	11) CIRCULATORY	12) MUCOUS MEMBRANES
<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM

T P R Wt

Animal Hospital on the Ridge & The VetMobile

1509 Wagstaff Road
Paradise, CA 95969
(530) 877-3000

2019 PASH (# 14504)
(None),

Feb 14, 2019

Invoice Number
44200

Stray (Found After Fire) (# B)

Species: Feline
Sex: Male
Age:
Breed: DSH
Coat Color: (None)
Weight: 0 lbs.

Date	Description	Qty	Price
02/08/2019	Exam - Courtesy	1.00	\$ 0.00
	Subcutaneous Fluids	1.00	\$ 25.00
	Convenia inj per ml	0.50 ml	\$ 34.00
Total for Stray (Found After Fire):		\$	59.00
Dr. Dalia Mathan		Total Invoice:	\$ 59.00
		Previous Balance:	\$ 0.00
		Total Amount Due:	\$ 59.00
		Check(2878)	\$ 59.00
		Total Payments - Thank you:	\$ 59.00
		New Balance Due:	\$ 0.00

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OWNER	(LAST)	(FIRST)	PHONE	CLIENT #	PATIENT CODE
Forrest	#14504C	MN?	DSH	BLK/wht	
PET NAME	SEX	BREED	COLOR	DOB	

DATE	TREATMENT	CHG	PAID	BAL
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2/14/19 - Exam - NDL. Lethargic. 3 wks at shelter
no specific symptoms

S.I.T S. PSHR

Or. mild dehydration
lack of mucus
+ broken teeth

H + L dry

eyes fail
bladder small + sensitive

10 palp

Cat poorly groomed

BCS 4/7

Cheek pad

BMI = 5 iow
Glabrine d q

all else dry

CBC unremarkable

Felt Nox FIV Neg

A Dx open stress?
FLUTD?

P Advise ✓ wrong ± try
pain nodes + fluids

✓

PHYSICAL EXAM CHECKLIST

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Animal Hospital on the Ridge & The VetMobile

1509 Wagstaff Road
Paradise, CA 95969
(530) 877-3000

2019 PASH (# 14504)
(None),

Mar 18, 2019

Invoice Number
OPEN: 0

Jose (# H)

Species: Feline
Sex: Male Neutered
Age: 1 year old
Breed: DSH
Coat Color: Badger/White
Weight: 0 lbs.

Date	Description	Qty	Price
03/07/2019	Exam - additional animal 1	1.00	\$ 37.00
	Convenia inj per ml	0.40 ml	\$ 34.00
	BNP Opth. Oint.	1.00 Tube	\$ 24.00
Total for Jose:			\$ 95.00

Lane (# G)

Species: Feline
Sex: Male Neutered
Age: 1 year old
Breed: DMH
Coat Color: Black
Weight: 0 lbs.

Exam Annual: 03/05/2020

Date	Description	Qty	Price
03/07/2019	Exam	1.00	\$ 47.00
	Convenia inj per ml	0.45 ml	\$ 34.00
	BNP Opth. Oint.	1.00 Tube	\$ 24.00
Total for Lane:			\$ 105.00
Total Invoice:			<u>\$ 200.00</u>

Dr. Dalia Mathan

OWNER	(LAST)	(FIRST)	H W	PHONE	CLIENT #	PATIENT CODE
PET NAME						
Lane #14504G	NM	DSH		Black	1-2 yr	
SEX	BREED	COLOR	DOB			

DATE	TREATMENT	CHG	PAID	BAL
3/7/09	Exam URT has been at shelter 1 mo UR symptoms started after neuter Lactating Gray			

S. ERT
 O Mild UR noise
 Jaws open
 Oral exam dry
 Mild conjunctivitis
 + mild nasal discharge
 Heart rhythmic
 Ears clear

A URT

P Bloody diarrhea S(

Rx DNP 00 BID a
 applied adv ruled

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H
W

OWNER

(LAST)

(FIRST)

PHONE

CLIENT #

PATIENT CODE

Jose #14504^H | VM | Duit | Black | 2-3 yr?

DATE	TREATMENT	LABS												
3/7/11 9	<p>Exam URT</p> <p>has been at shelter no not eating well slight wt today</p> <p>S BPR off flea dirt</p> <p>H + L abey</p> <p>++ nasal + ocular discharge</p> <p>Cat face</p> <p>BCG 4-3-09</p> <p>++ redness in throat</p> <p>A VRT w/ conjunctivitis + oral inflammation</p> <p>Please</p> <p>P. 32 my concern</p> <p>Rx BSNP 00 BID OU</p> <p>Applied adv multil</p>	<p>PHYSICAL EXAM CHECKLIST</p> <table border="1"> <tr> <td>1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM</td> <td>2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> <tr> <td>4) RESPIRATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>5) DIGESTIVE <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>6) GENITOURINARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> <tr> <td>7) EARS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>8) NEURAL SYSTEMS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>9) LYMPH NODES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> <tr> <td>10) EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>11) CIRCULATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> </table>	1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	4) RESPIRATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	5) DIGESTIVE <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	6) GENITOURINARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	7) EARS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	10) EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	11) CIRCULATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM
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